

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/857408

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6	1			1		
7		1		1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
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15		1		1		
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21	1			1		
22	1			1		
23	1			1		
24	1			1		
25	1			1		
26	1			1		
27	1			1		
28	1			1		
29	1			1		
30	8			1		
31						
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			27			
TOTAL CLAIMS			30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-8831